

Attorney's Docket No. _____

**COMBINED DECLARATION AND POWER OF ATTORNEY
FOR UTILITY OR DESIGN PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**PROCESS AND PLANT FOR THE TREATMENT OF THE GLASS SHEETS OF AN
ASYMMETRIC GLASS-SHEET PAIR**

the specification of which (check only one item below):

is attached hereto and was amended on _____.
was filed as United States Patent Application
Number _____ on _____.

and was amended on _____ (if applicable).

was filed as PCT International Application
Number EP2004/002980 on 22 March 2004
and was amended on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §§ 119 (a)-(d), 172 or 365 of any foreign application(s) for patent or inventor's certificate or of any international (PCT) application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international (PCT) application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §§119(a)-(d), 172 or 365:			
COUNTRY (if PCT, indicate "PCT")	APPLICATION NUMBER	DATE OF FILING (MM/DD/YYYY)	PRIORITY CLAIMED UNDER 35 U.S.C. §§119, 172 or 365
GERMANY	DE 10314400.5	28 MARCH 2003	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Combined Declaration and Power of Attorney
For Utility or Design Patent Application
Attorney's Docket No. _____

Page 2

I hereby appoint the attorneys and agent(s) associated with the following PTO Customer Number of Burns, Doane, Swecker & Mathis, L.L.P. to prosecute said application and to transact all business in the Patent and Trademark Office connected therewith and to file, prosecute and transact all business in connection with international applications directed to said invention:

Customer Number **21839**

Address all correspondence to: **BURNS, DOANE, SWECKER & MATHIS, L.L.P.**
CUSTOMER NUMBER 21839
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Alexandria, Virginia 22313-1404

Address all telephone calls to: Matthew L. Schneider at (703) 836-6620.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

FULL NAME OF SOLE OR FIRST INVENTOR		Dieter FUNK
Signature <i>Dieter FUNK</i>		
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FULL NAME SECOND INVENTOR, IF ANY		Joachim PILZ
Signature <i>Joachim PILZ</i>		
Date <i>13. October 2005</i>		
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Combined Declaration and Power of Attorney
For Utility or Design Patent Application
Attorney's Docket No. _____

Page 3

FULL NAME OF THIRD INVENTOR, IF ANY	
Signature	Peter MICHELS
Date	18. October 2005
Residence (City, State, Country)	Sprockhovel, Germany
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FULL NAME OF FOURTH INVENTOR, IF ANY	
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FULL NAME OF FIFTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	
FULL NAME OF SIXTH INVENTOR, IF ANY	
Signature	
Date	
Residence (City, State, Country)	
Citizenship	
Mailing Address	
City, State, ZIP, Country	